

For the calendar year 1998

Mail to: Arizona Department of Revenue, PO Box 29009, Phoenix AZ 85038-9009

		P/M
Please Type or Print	Name	Check one: Original return <input type="checkbox"/> Amended return <input type="checkbox"/>
	Number and street	State withholding number
	City or town State ZIP code	Federal employer identification number

Quarterly Reconciliation for 1998					
		Arizona Withholding Tax Liability From 1998 Forms A1-QRT, Line Z (a)		Arizona Withholding Tax Payments Made for 1998 Forms A1-QRT (b)	Arizona Tax Withheld for 1998 per Forms W-2, W-2c, W-2G, and 1099-R (c)
1	1st quarter				
2	2nd quarter				
3	3rd quarter				
4	4th quarter				
5	Total				

The amounts entered in columns (a), (b), and (c) of line 5 should be identical. If these amounts are identical, go to line 8. Do not enter an amount on line 6 or line 7.

If these amounts are NOT identical, you may need to file amended Forms A1-QRT for the affected calendar quarters in 1998. How do you determine the required corrections? Answer the following questions.

- **QUESTION 1.** Are the amounts in columns (a) and (c) of line 5 identical? Yes ☐ No ☐

If **yes**, go to question 2.

If **no**, determine whether the amount entered in column (a) is correct or the amount entered in column (c) is correct.

- (a) If the amount in column (a) is correct, issue Forms W-2c or corrected Forms W-2G and 1099-R to the affected employees. Attach the Forms W-2c or corrected Forms W-2G and 1099-R to this return. Now go to question 2.
- (b) If the amount entered in column (c) is correct, file amended Forms A1-QRT for the affected calendar quarters in 1998 to report the correct liability. Now go to question 2.

- **QUESTION 2.** Are the amounts in columns (a) and (b) of line 5 identical? Yes ☐ No ☐

If **yes**, go to line 8 if you answered no to question 1 and situation (a) applies. If you answered no to question 1 and situation (b) applies, determine the amount of the underpayment or overpayment of tax for 1998 based on the amended Forms A1-QRT total liability (line Z).

If **no**, enter the total amount of the underpayment for the affected calendar quarters on line 6 or the total amount of the overpayment for the affected calendar quarters on line 7 based on the following situations.

- (a) If you answered yes to question 1 or if you answered no and situation (a) applies, determine the amount of the underpayment or overpayment of tax for 1998. File amended Forms A1-QRT for the affected calendar quarters in 1998.
- (b) If you answered no to question 1 and situation (b) applies, determine the underpayment or overpayment of tax for 1998 based on the amended Forms A1-QRT total liability (line Z).

6. **Underpayment of tax for 1998** - Enter the total amount of the underpayment of tax for 1998 as determined above. DO NOT SUBMIT A PAYMENT WITH THIS RETURN. File amended Forms A1-QRT for the affected calendar quarters. Remit a separate payment with each amended Form A1-QRT. An underpayment may be subject to penalties and shall be subject to interest. See instructions.

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7. **Overpayment of tax for 1998** - Enter the total amount of the overpayment of tax for 1998 as determined above. File amended Forms A1-QRT for the affected calendar quarters. A credit notice will be generated after your amended Forms A1-QRT are processed and your payments are confirmed. See instructions.

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Federal Form Transmittal Information for an Original Form A1-R

8. Number of employees in 1998.
9. Total wages paid to employees for 1998.
10. Number of federal Forms W-2, W-2c, W-2G, and 1099-R submitted.

8		
9		
10		

Amended Federal Form Transmittal Information for an Amended Form A1-R

11. Number of federal Forms W-2, W-2c, W-2G, and 1099-R submitted.
12. Gross wage change.
13. Gross change in amount of Arizona income tax withheld.

11		
12		
13		

Explain why an amended Form A1-R is being filed:

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is a true, complete and correct return.

Please Sign Here _____ _____ ()
Signature Date Business telephone number

Paid Preparer's Use Only _____ _____ ()
Preparer's signature Date Business telephone number

Firm's name (or preparer's, if self-employed) Preparer's EIN or SSN

Firm's address ZIP code